## **DECLARATION FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## AMNIOTIC MEMBRANE PERFORATOR.

| the specification of which is atta  | iched hereto unless the follow   | wing box is checked:   |  |
|---|--|--|--|
| [] was filed on as United   | States Application No. or Po   | CT International Application No. ar  | nd was amended on (if applicable).   |
| I hereby state that I have reviewe<br>by any amendment referred to a  |  | s of the above-identified specificatio   | n, including the claims, as amended  |
| I acknowledge the duty to disclo  | ose information which is mat   | erial to patentability as defined in 37  | 7 CFR § 1.56.  |
| certificate, or § 365(a) of any PC below and have also identified   | CT International application velow, by checking the bo   | 9(a)-(d) or § 365(b) of any foreign ar<br>which designated at least one country<br>x, any foreign application for pater<br>he application on which priority is c                                   | other than the United States, listed or inventor's certificate, or PCT   |
| Prior Foreign Application(s)  |  |  | Priority Not Claimed   |
| ·   |  |  | 0  |
| (Number)  | (Country)  | (Day/Month/Year Filed)   |  |
| <del></del>   |  |  | _ 0  |
| (Number)  | (Country)  | (Day/Month/Year Filed)   |  |
|   |  | ited States provisional application li   | sted below.  |
| (Application Number)  | (Filing Date)  |  | •  |
| designating the United States, list<br>in the prior United States or Po<br>acknowledge the duty to disclose | sted below and, insofar as the<br>CT International application<br>e information which is mater | ed States application(s), or § 365(c) of e subject matter of each of the claims in the manner provided by the firstial to patentability as defined in 37 C and or PCT International filing date of | s of this application is not disclosed<br>t paragraph of 35 U.S.C. § 112, I<br>EFR § 1.56 which became available |
| (Application Number)  | (Filing Date)  | (Statuspatented, )   | pending, abandoned)  |
| (Application Number)  | (Filing Date)  | (Statuspatented,   | pending, abandoned)  |

I hereby appoint the following attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Mark S. Graham, Reg. No. 32,355 Andrew S. Neely, Reg. No. 28,979 Robert O. Fox, Reg. No. 34,165 David E. LaRose, Reg. No. 34,369 Geoffrey D. Kressin, Reg. No. 28,730 Michael E. Sellers, Reg. No. 39,831 Richard W. Barnes, Jr., Reg. No. 39,596 Mark P. Crockett, Reg. No. 47,507 J. David Gonce, Reg. No. 47,601 Michael T. Lukon, Reg. No. 48,164 Address all telephone calls to ROBERT O. FOX, Esq. at telephone number (865) 546-4305.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| Full name of sole or first inventor (given name, family name) |    | David Watermeier |       |
|---|----|------------------|-------|
| Inventor's Signature  | )  |                  | Date: |
| Citizenship   | US |                  |       |
| Residence   |    |                  |       |
| Post Office Address   |    |                  |       |

| Full name of second joint inventor (given name, family name) |    | Pamela Hicks |  |
|--|----|--------------|--|
| Inventor's Signature   |    | Date         |  |
| Citizenship  | US |              |  |
| Residence  |    |              |  |
| Post Office Address  |    |              |  |

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